

NEWTON

PUBLIC SCHOOLS

100 Walnut Street, Newtonville, MA 02460-1398

This form is to report head injuries (other than minor cuts or bruises) that occur during a season a student is participating in an extracurricular athletic activity but that did NOT take place during the activity. It should be returned to the coach and reviewed by the school nurse.

Parent/Guardian Report of Head Injury During Sports Season

For Parents/Guardians: Please complete this form if your child has a head injury outside of school related extracurricular athletic activities.

Student's Name	Sex	Date of Birth	Grade
School		Sport(s)	
Home Address			Telephone

Date of injury: _____

Please describe nature and extent of injuries to student:

Did the student receive medical attention? Yes_____ No_____

If yes, was a concussion diagnosed? Yes_____ No _____

Was your child cleared by a medical professional to return to participation in athletics? Yes_____ No _____

Parent/Guardian Name: _____
(Please print)

Parent Signature: _____ Date: _____